

PATENT APPLICATION SERIAL NO. 10/521035

U.S. DEPARTMENT OF COMMERCE
PATENT AND TRADEMARK OFFICE
FEE RECORD SHEET

01/19/2005 SNAJARRO 00000032 10521035

| | |
|------------|----------------------|
| 01 FC:1631 | 300.00 OP |
| 02 FC:1632 | 500.00 OP |
| 03 FC:1633 | 200.00 OP |

Reply Ref: 07/20/2005 JANDERSU 0016352200
App: 501529 Name/Number: 10521035
FC: 9204 \$100.00 CR

07/20/2005 JANDERSU 00000004 10521035

400.00 UP

02 FC:1632

~~500.00 OP~~

07/20/2005 JANDERSU 00000007 501529 10521035

01 FC:1616 360.00 DA

PTO-1556
(5/87)

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND | | | | | | | | | | | |
|---|-----------------------------------|---|-----------------|----------|---|---|----|---|---|---|---|
| 1 Date of Request: <u>7-19-05</u> | | 2 Serial/Patent # <u>10/521035</u> | | | | | | | | | |
| 3 Please refund the following fee(s): | | 4 PAPER NUMBER | 5 DATE FILED | 6 AMOUNT | | | | | | | |
| <input checked="" type="checkbox"/> | Filing | | | \$ 100 | | | | | | | |
| <input type="checkbox"/> | Amendment | | | \$ | | | | | | | |
| <input type="checkbox"/> | Extension of Time | | | \$ | | | | | | | |
| <input type="checkbox"/> | Notice of Appeal/Appeal | | | \$ | | | | | | | |
| <input type="checkbox"/> | Petition | | | \$ | | | | | | | |
| <input type="checkbox"/> | Issue | | | \$ | | | | | | | |
| <input type="checkbox"/> | Cert of Correction/Terminal Disc. | | | \$ | | | | | | | |
| <input type="checkbox"/> | Maintenance | | | \$ | | | | | | | |
| <input type="checkbox"/> | Assignment | | | \$ | | | | | | | |
| <input type="checkbox"/> | Other | | | \$ | | | | | | | |
| | | 7 TOTAL AMOUNT OF REFUND | | \$ 100 | | | | | | | |
| 10 REASON: | | 8 TO BE REFUNDED BY: | | | | | | | | | |
| <input checked="" type="checkbox"/> | Overpayment | <input checked="" type="checkbox"/> Treasury Check | | | | | | | | | |
| <input type="checkbox"/> | Duplicate Payment | <input type="checkbox"/> Credit Deposit A/C #: | | | | | | | | | |
| <input type="checkbox"/> | No Fee Due (Explanation): | 9 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 30px;">5</td> <td style="width: 30px;">0</td> <td style="width: 30px;">--</td> <td style="width: 30px;">1</td> <td style="width: 30px;">5</td> <td style="width: 30px;">2</td> <td style="width: 30px;">9</td> </tr> </table> | | | 5 | 0 | -- | 1 | 5 | 2 | 9 |
| 5 | 0 | -- | 1 | 5 | 2 | 9 | | | | | |
| 11 REFUND REQUESTED BY: | | | | | | | | | | | |
| TYPED/PRINTED NAME: <u>John Anderson</u> | | TITLE: <u>Paralegal Specialist</u> | | | | | | | | | |
| SIGNATURE: <u>[Signature]</u> | | PHONE: <u>308-9140 ext 211</u> | | | | | | | | | |
| OFFICE: <u>PET DO/EO</u> | | | | | | | | | | | |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: ***** | | | | | | | | | | | |
| APPROVED: _____ | | DATE: _____ | | | | | | | | | |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: